

CIVIL AIR PATROL  
Headquarters  
Middle East Region  
Roanoke VA 24012-2532

MER Supplement 1  
CAPR 52-16  
1 October 2004

## **Cadet Programs**

### **CADET PROGRAM MANAGEMENT**

CAPR 52-16, 1 April 2003, is supplemented as follows:

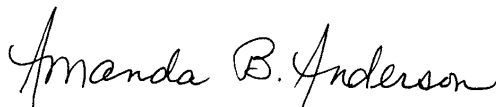
**1-4a.** Added.

1) MER Form 4, *Parental Consent Form*, (attachment 1) will be completed for all activities taking cadets more than 150 miles away from home. A MER Form 4 MUST be used if an activity includes an overnight trip regardless of distance. In activities involving military installations, organizers will ensure that, should that particular installation require similar documentation for cadets and/or seniors, compliance is met, even if it duplicates MER requirements.

2) MER Form 5, *Activity Medical Information Form*, (attachment 2) may be used to provide activity director medical information for all members attending MER activities when documentation is required or desired. The activity medical officer or member appointed by activity director will approve this form and becomes part of the records of that activity.

**3-2b.** Added. The Middle East Region Cadet Advisory Council will have the Standard Operating Procedure and Supplements available for each representative and will adhere to same.

**3-5.** Added. The Chair of the MER Cadet Advisory Council and the MER representative to the National Cadet Advisory Council may wear the "Middle East" arc in place of their authorized wing patch when representing MER. The Cadet Advisory Council representative to the MER Council may wear the blue shoulder cord when representing their wing and the MER Representative may wear the National CAC shoulder cord when representing MER.

  
AMANDA B. ANDERSON, Lt Col, CAP  
Director of Administration

CHARLES S. GLASS, Col, CAP  
Commander

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Supersedes MER Supplement 1, 1 November 2003  
OPR: CP  
Distribution: Each MER Wing (2), National Headquarters (1)



## CIVIL AIR PATROL{PRIVATE } PARENTAL CONSENT FORM

I hereby give permission for my child \_\_\_\_\_  
to participate in the following activity:

Activity Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of accident or illness, I hereby give my permission for the above named cadet to be treated at any recognized medical facility or by any legally qualified physician, or practitioner, and accept financial responsibility for any expense not covered by CAP or FECA benefits. Civil Air Patrol personnel are authorized to take appropriate actions to insure that my child receives appropriate medical treatment.

If necessary, I may be contacted at:

\_\_\_\_\_  
Printed/Typed Name of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone (Include Area Code)

\_\_\_\_\_  
Work Phone (Include Area Code)

\_\_\_\_\_  
Cell Phone (Include Area Code)

\_\_\_\_\_  
Signature

(This form may be reproduced locally)



## Activity Medical Information

Activity	Flight
Cadet	Home Wing/Unit
<b>Prescription Drugs</b>	
Drug name, dosage and how often	For
Is affected by heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No
If affected by heat, how?	
Side Effects	
<b>Over-the-Counter Drugs</b>	
Drug name, dosage and how often	For
Is affected by heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No
If affected by heat, how?	
Can be taken with prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Allergies</b>	
Allergic to	
Reaction	
Antidote kit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is kit at activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parental Consent</b>	
May cadet self medicate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Signature and Date
<b>For Activity Use</b>	
Tactical Officer	Barracks
Location of medicine	Activity Medical Officer Signature and Date
Medicine returned to cadet upon departure, if kept by activity <input type="checkbox"/> Yes <input type="checkbox"/> No	Cadet Signature and Date (upon receipt of medicine)

**USE ADDITIONAL PAGES AS NEEDED**